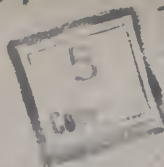


W6
22
Hoyster, James A



no. 9

Vaccination Results

IN NEW YORK STATE IN

1914

Being a Study of
Fifty-one Cases with Portraits
and certain conclusions

[SECOND EDITION]
Third Thousand



Privately Printed
by
JAMES A. LOYSTER
Cazenovia, N. Y.

In Memory of His Son
Lewis Freeborn Lyster

who Died September 21, 1914
as a sequence of
Vaccination

Introduction

The object of this pamphlet is to publish the result of a painstaking inquiry into the effects of vaccination in the State of New York in 1914.

My immediate personal interest in the subject is due to the death of my only son as a result of vaccination.

I have been a believer in and advocate of vaccination. I was myself vaccinated in childhood by the arm-to-arm method without ill effects. It was in accordance with this belief and in an honest effort to comply with the law that I had my son vaccinated. Even his death did not entirely shake my faith in the practice, but it led me to make an investigation of the results of vaccination in New York State in 1914. Owing to the difficulty of making a canvass in the great cities, no effort was made to collect statistics in New York and Buffalo, and but little in Rochester, Syracuse or Albany. My investigations were, therefore, practically confined to the rural or semi-rural portions of the State.

The result has been the gathering of such an appalling story of death and illness as to completely shatter my belief in the wisdom of enforced vaccination.

It should be understood that I am not a physician. This leaves me free to write with greater frankness in certain instances than would be permitted to a doctor by the ethics of his profession.

I desire to be understood as seeking nothing but the common good of humanity. In the pages that follow I have attempted to write without bias as far as is humanly possible. Only established facts are presented; extravagant statements have been avoided; in no single instance has a quotation been made from an anti-vaccination source. I have felt that my case is so strong that I could afford to be generous in my arguments.

The reader is invited to go over the facts as presented and draw his own conclusions as to the accuracy of the deductions made.

JAMES A. LOYSTER.

Cazenovia, N. Y., Jan. 5, 1915.

Method of Investigation

Five hundred circulars asking for information of fatal and serious cases were mailed newspapers outside of the large cities. A printed postal card for reply was enclosed with each. Two hundred and thirty cards were returned. The replies gave the names of twenty-seven children who had died subsequent to vaccination, also the names of nearly a hundred who had been seriously ill.

In each case a correspondence was entered into with parents, physicians or others conversant with the cases, so that no statements have been accepted without ample verification.

The appeal for information met with a ready and sympathetic response with but few exceptions. It is significant, however, that physicians were reluctant to give details. In no single instance was it possible to get information from a hospital. Four newspapers were silent about cases of which they must have been fully informed; one deliberately falsified the facts. One reply was not only unsatisfactory but discourteous to the verge of insult. Two parents whose children had died refused any but the most meagre details "for fear the doctor would make them trouble."

This newspaper canvass was supplemented by much reading, by an interchange of lists with other investigators and by the voluntary submission of names as a result of published requests for information. Hundreds of letters have been exchanged. Of those received a very large proportion contain expressions of bitter denunciation of the compulsory vaccination law. Many of them are pathetic in the extreme. In several localities the feeling is almost insurrectionary in its intensity.

CASE No. 1



Olive Cramer

OLIVE CRAMER, daughter of Fred Cramer, 22 E. State St., Gloversville, N. Y.

Age 15.

Vaccinated July 28 with vaccine "E".

Commenced to complain Aug. 24,—27 days from vaccination.

Died Aug. 27.

Diagnosis, "Tetanus following Vaccination."

This young woman's health prior to vaccination is reported to have been "one hundred per cent perfect." She commenced to complain Aug. 24, and was stricken with convulsions Aug. 26. Death occurred at 11:15 p. m., on August 27. She was conscious all the time except the last few hours. Jaws were locked and breathing labored. A brother vaccinated with the same tube of vaccine was so ill as to require an operation. See Case No. 48.

CASE No. 2



Frederick W. Bohmwetch

FREDERICK W. BOHMWETCH, son of F. J. Bohmwetch,
308 Eighth St., Watkins, N. Y.

Age 10.

Vaccinated Aug. 5.

Commenced to complain Aug. 29,—24 days after vaccination.

Died Sept. 2.

Diagnosis, "Tetanus."

Complained first of stiff neck and arm. Aug. 30 diagnosed as lock-jaw. Three thousand units anti-toxin administered. Grew rapidly worse. Convulsions appeared at 3 a. m., Aug. 31. At 9 a. m., 10,000 units anti-toxin administered; again at 9 p. m. Head and back drawn back so that three pillows were necessary under small of back. More anti-toxin administered Sept. 1. Unconscious at noon. Died Sept. 2.

CASE No. 3



Reginald Sidney Sumsion

REGINALD SIDNEY SUMSION, only son of Geo. Sumsion,
Gloversville, N. Y.

Age 12.

Vaccinated Aug. 11 with vaccine "E".

Died Sept. 11.

Diagnosis, "Tetanus."

This boy was "splendidly healthy." Never sick except with usual children's diseases, until vaccinated. First complained that the back of his neck and jaw were stiff. On the 7th could not walk. Convulsions appeared. Anti-toxin administered. Removed to hospital. Convulsions continued very severe. Chloroform administered. Convulsions continued through the 7th and 8th. Very weak on afternoon of 9th. Oxygen administered at 6 p. m. Died 6:45 a. m., Sept. 11. No abrasion of any kind found on body except vaccination wound.

CASE No. 4

ROBERT O'NEIL, son of Robert O'Neil, East Aurora, N. Y.
Age 8.

Vaccinated Aug. 24 with vaccine "E".

Commenced to complain Sept. 10,—17 days from vaccination.

Died Sept. 18.

Diagnosis, "Tetanus following Vaccination."

This boy's case is described at length by Elbert Hubbard in the October Philistine. He was in good health until vaccinated. He commenced to complain of lock-jaw Sept. 10. Convulsions appeared Sept. 15th. Death occurred Sept. 18th. He was not unconscious until the last day of his life. Jaws were rigid. The doctor asserts that cause of death was "infection caused by carelessness of parents."



Clayton Hart

CASE No. 5

CLAYTON HART, son of
Chauncey Hart, West
Kendall, N. Y.

Age 18.

Vaccinated Aug. 24, vaccine "H".

Commenced to complain
Sept. 14 (21 days).

Died Sept. 21.

Diagnosed as "Tetanus."

Patient was taken with diarrhoea Sept. 14. Doctor called Sept. 17. Much worse Sept. 18. Anti-toxin administered. Unable to swallow 19th. Walked stooped over, face drawn sidewise. Convulsions commencing in "small of back." Became delirious afternoon of the 20th. Chloroform administered. Convulsive movement lower jaw on 20th. Death at 6:57 a. m. 21st.

CASE No. 6

JAMES BOWEN, son of
Walter Bowen, No. 67
Middle St., Ballston
Springs, N. Y.

Age 6.

Vaccinated Sept. 3, vaccine
"H".

Commenced to complain
Sept. 25,—22 days from
vaccination.

Died Sept. 25.

Diagnosed "Tetanus."



James Bowen

This little boy was one of five children for none of whom a doctor had ever been called since birth. He was found rigid in the morning of Sept. 25. His case was diagnosed as lock-jaw. 45,000 units of anti-toxin were administered. At 8:30 p. m. 30,000 units more were administered. Death occurred at 11:30 p. m. the same day.



Frederick Stinefoot

CASE No. 7

FREDERICK STINE-
FOOT, only son of Wil-
liam H. Stinefoot, No.
226 Mullett St., Dunkirk,
N. Y.

Age 10.

Vaccinated Sept. 22.

Commenced to complain
Oct. 5,—20 days from
vaccination.

Died Oct. 13.

Diagnosed "Tetanus."

This child was in splendid health. The night before he was stricken he was feeling especially well. On Monday morning his neck was stiff and shoulders all drawn up. Dr. Hallenbeck was called but he insisted that the fam-

ily physician be employed. He was out and Dr. Ellis, the health officer, was called. The case was diagnosed as tetanus. Convulsions appeared at 6 o'clock. No serum was available until Tuesday, Oct. 6, about 10 a. m. A quantity injected intra-spinously. Removed to Brooks Hospital, Dunkirk, about 4 p. m. same day and died fifteen minutes after admission.



James Louis Murray

CASE No. 8

JAMES LOUIS MURRAY,
son of James T. Murray,
Glen Cove, L. I.

Age 6.

Vaccinated Sept. 15, vaccine "H".

Commenced to complain
Oct. 3,—18 days from
vaccination.

Died Oct. 10.

Diagnosed "Tetanus."

This child had no prolonged period of unconsciousness. He had convulsions and other typical symptoms of tetanus. His health is reported good prior to vaccination.

CASE No. 9

RUBY SARA LILLIS,
daughter of I. B. Lillis,
Mexico, N. Y.

Age 9.

Vaccinated Sept. 16, vaccine "H".

Commenced to complain
Oct. 8,—22 days from
vaccination.

Died Oct. 14.

Diagnosed "Tetanus."

This little girl is reported to have been in excellent health until vaccinated. She first complained of sore throat on Oct. 8. Convulsions on Oct. 9. Jaws locked. Unconscious about three days. Vaccination wound a large, deep unhealed ulcer. Lumbar puncture disclosed clear fluid in spinal column. Ten thousand units tetanus antitoxin injected subcutaneously without beneficial results.



Ruby Sara Lillis

CASE No. 10.

NINA LAWRENCE, daughter of M. D. Lawrence, Accord,
Ulster County, N. Y.

Age 11.

Vaccinated Oct. 7, vaccine "J".

Commenced to complain Nov. 1 (25 days).

Died Nov. 5.

Diagnosed as "Tetanus."

This was a plain case of tetanus, concerning which there seems to be no difference of opinion among the attending physicians.

CASE No. 11

CHESTER WATERS, son of Richard C. W. Waters, 4913
Church St., Flatbush, L. I.

Age 6.

Vaccinated Oct. 16, vaccine "J".

Commenced to complain Nov. 12,—about 27 days from vaccination.

Died Nov. 15.

Diagnosed "Tetanus."

The parents of this child have not replied to either of two letters of inquiry. Data obtained from an interview with the father printed in the New York World. He is described as "a strong healthy boy." The first unfavorable symptom was a convulsion on Nov. 12. He was taken to the Kings County Hospital and died there.

CASE No. 12

RALPH S. OTIS, son of W. B. Otis, Jay, Essex County,
N. Y.

Age 6.

Vaccinated Aug. 13 with vaccine "H".

Taken sick Sept. 1,—19 days from vaccination.

Recovered.

Diagnosed "Tetanus."

This child commenced to complain on date stated. Convulsions appeared Sept. 13. He was not unconscious at any time. Had "lock-jaw." Lungs were more or less filled with mucous and breathing labored. Case was diagnosed as tetanus by the attending physician.

CASE No. 13

EDWARD KUHN, son of Peter Kuhn, 311 South St., Watkins, N. Y.

Age 14.

Vaccinated Aug. 21.

Taken seriously ill Sept. 12,—22 days from vaccination.

Recovered.

Diagnosis, "Tetanus following Vaccination."

This child was taken with chills, followed by a sore feeling in the jaws. Soon became very ill. Had convulsions and biting of the tongue for three days. The attending physicians gave the parents no hope for recovery. Anti-toxin was injected in spine. Temperature ranged from 99 to 102. His condition was extremely critical for two weeks. Is making a slow recovery.

CASE No. 14

WILLIAM DRESSETT, son of Wm. Dressett, Cobleskill.

Age 13.

Date of vaccination not given.

Recovered.

Tetanus.

This is from all reports a plain case of tetanus. The patient was treated at a hospital in Albany, and for a time no hope was entertained of his recovery. At last accounts his convalescence was expected to take a year's time.

CASE No. 15

EDWIN FITZPATRICK, son of Mrs. M. Fitzpatrick, Pawling, N. Y.

Age 11.

Vaccinated Sept. 7, vaccine "H".

Commenced to complain Sept. 30,—23 days after vaccination.

Recovered.

Diagnosis, "Tetanus."

This boy's arm had entirely healed. Complained of jaws being stiff on Sept. 30. On Oct. 3 became worse. On Oct. 5 was taken to Roosevelt Hospital, arriving at 7:30 p. m. Eleven thousand five hundred units of anti-toxin were immediately injected into arm and spine. Vaccination wound was cut out and sterilized. Fifteen hundred units anti-toxin injected in arm. Received in all a total of 26,500 units. Made a good recovery.

CASE No. 16

LAURA JACKSON, daughter of Mrs. Bessie Holmes, Chenango Forks, N. Y.

Age 16.

Vaccinated Aug. 10.

Taken seriously ill on Sept. 5 (26 days).

Diagnosis, "Tetanus."

Recovered.

This young woman submitted to vaccination in order to enter one of the schools in Binghamton. She developed tetanus, and was critically ill in a Binghamton hospital for some time, but finally recovered sufficiently to return home. The case was one of the earlier ones and attracted much attention. It was at first thought the trouble was due to a bad tooth, but the mother reports her teeth to be in perfect condition.

CASE No. 17

IVA DILLENBECK
daughter of Ellis Dillenbeck, 103 Biglow St.,
Binghamton, N. Y.

Age 14 years 9 months.

Vaccinated July 23, vaccine
"F".

Commenced to complain
Aug. 7,—15 days after
vaccination.

Died Aug. 10.

First diagnosed "Appendicitis."

Subsequent "Cerebro-spinal
Meningitis."



Iva Dillenbeck

This girl was first taken with an apparent digestive disturbance, which was later diagnosed as appendicitis. Patient removed to hospital for operation. At hospital diagnosed as cerebro-spinal meningitis. There were no convulsions, and no unconsciousness. Paralysis of the throat was a prominent symptom.

[Seven folios.]

LAWS OF NEW YORK.— By Authority.

Chap. 133.

AN ACT to amend the public health law, in relation to vaccination.

Became a law March 30, 1915, with the approval of the Governor. Passed, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Sections three hundred and ten and three hundred and eleven of chapter forty-nine of the laws of nineteen hundred and nine, entitled "An act in relation to the public health, constituting chapter forty-five of the consolidated laws," are hereby amended to read, respectively, as follows:

§ 310. **Vaccination of school children.** 1. A child or person not vaccinated shall not be admitted or received into a school in a city of the first or second class. The board, officers or other person having the charge, management or control of such school shall cause this provision of law to be enforced. The board of health or other board, commission or officers of such city having jurisdiction of the enforcement of the chapter therein shall provide, at the expense of the city for the vaccination of all pupils of such school whose parents or guardian do not provide vaccination for them.

2. Whenever smallpox exists in any other city or school district, or in the vicinity thereof, and the state commissioner of health shall certify in writing to the school authorities in charge of any school or schools in such city or district, it shall become the duty of such school authorities to exclude from such schools every child or person who does not furnish a certificate from a duly licensed physician to the effect that he has successfully vaccinated such child or person with vaccine virus in the usual manner or that such child or person shows evidence by scar of a successful previous vaccination. Whenever school authorities having the charge, management and control of schools in a district or city cause this provision of law to be enforced, the local board of health shall provide for the vaccination of all children whose parents or guardian do not provide such vaccination.

CASE No. 19

BELLE HINMAN, daughter of Prof. M. C. Hinman, Tully, N. Y.

Age 7.

Vaccinated July 25, vaccine "H".

Commenced to complain Aug. 7,—12 days from vaccination.

Died Aug. 10.

First diagnosis, "Acute Indigestion."

Final diagnosis, "Cerebro-spinal Meningitis."

This little girl was also in perfect health and unusually well developed for age, both physically and mentally. She complained of feeling ill on Aug. 7 with symptoms indicating a digestive disturbance. The local physician called it acute indigestion. She soon lapsed into unconsciousness and never rallied. Expert counsel was called and case pronounced cerebro-spinal meningitis. A lumbar puncture disclosed in spinal column a clear fluid under normal pressure. Cultures were sterile; intra-spinal injection of the Flexner serum without beneficial effects. Paralysis was extensive, involving the throat; breathing labored and death due to respiratory insufficiency. Temperature elevated during entire illness. All symptoms were so exactly parallel to those of cases 24 and 25 as to warrant the suspicion that this, too, was infantile paralysis.



Belle Hinman

CASE No. 20



James C. Churchill

JAMES C. CHURCHILL, son of Carl F. Churchill, Dolgeville, N. Y.

Age 5 years 9 months.

Vaccinated about Feb. 12, vaccine "H".

Commenced to complain in a few days.

Died July 23.

Diagnosed "cerebro-spinal meningitis."

This boy had good health until he was vaccinated. He commenced to complain in a few days and was never well afterwards. He was unconscious for 10 days before death. Right side paralyzed. Compare with cases 19, 24, 25.

CASE No. 21

ANNETTE E. PALMAN-
TEER, daughter of Geo.
Palmanteer, R. D. No. 4,
Cohocton, Steuben Co.,
N. Y.

Age 12½.

Vaccinated "in August."

Died Oct. 1.

Diagnosis, "Anæmia and
other complications."

This case is the only one in the entire number reported where the patient had not enjoyed good health. She had been "ailing" for two years, but for the past few months prior to vaccination had been much improved. She had, according to the physician, "rheumatism of the neck." Her temperature reached 105 and she was unconscious for quite a period. "Breathing was very hard." The high temperature, evident paralysis of the throat and labored breathing are suspiciously like the infantile paralysis cases in which the diagnosis is certain.



Annette E. Palmanteer



Teresa Doyle

CASE No. 22

TERESA DOYLE, daughter of Moses Doyle, Cummings St., Hoosick Falls.

Age 16.

Vaccinated Aug. 13, vaccine "G".

Commenced to complain Aug. 24,—11 days from vaccination.

Died Aug. 28.

Diagnosed first as "Tonsillitis," afterward as "Bright's Disease."

Health reported good. "Never better." Was taken sick August 24. Convulsions Aug.

27. Only lost consciousness for the last 24 hours. Throat paralyzed. Lungs filled with mucous and breathing labored. No analysis of urine reported in confirmation of diagnosis of Bright's disease. Comparison with other cases in this list warrants the suspicion that this was also a case of infantile paralysis.

CASE No. 23

MARION MARGUERITE MILLER, daughter of Calvin S. Miller, Millerton, Dutchess County.

Age $8\frac{1}{4}$ years.

Vaccinated Aug. 24, vaccine "H".

Commenced to complain "in about a week."

Died Sept. 22.

Diagnosis, "Peritonitis."

This case is clearly not tetanus. There is a lack of reliable data. She was unconscious just before death. The throat was paralyzed. Lungs filled with mucous so that breathing was very labored. Suspiciously like cases 19, 24 and 25.



Wilbur Doyle

CASE No. 24

WILBUR DOYLE, son of Ivan Doyle, New Woodstock, Madison County, N. Y.

Age 8.

Vaccinated Aug. 28, vaccine "E".

Commenced to complain Sept. 9,—11 days from vaccination.

Died Sept. 14.

Diagnosis, "Infantile Paralysis."

This boy became unconscious Sept. 9. Temperature nearly 106. Kidneys involved; necessary to use catheter. Temperature dropped to about normal for few hours. General paralysis appeared. Throat paralyzed Sept. 13. Could not swallow. Temperature again became extremely high, reaching 107.4 rectal at 3 a. m. on the 13th. Remained unconscious until death, which occurred at 10:35 p. m. Sept. 14.



Lewis Freeborn Loyster

LEWIS FREEBORN LOYSTER, son of James A. Loyster,
Cazenovia, N. Y.

Age 11.

Vaccinated Aug. 29, vaccine "E".

Commenced to complain Sept. 10,—11 days from vaccination.

Died Sept. 21.

Diagnosed "Infantile Paralysis."

This boy was the picture of health. To quote the attending physician he was "a splendid specimen" physically. On the night of Sept. 10th he had a bad headache. The next morning at six was no better. At ten he was found by his mother unconscious. He was very constipated and slightly nauseated. Vomited once. Examination of urine showed indican in considerable quantities. The initial diagnosis was acute indigestion. Blood examined and found normal except for an excess of white corpuscles, explained as a natural sequence of vaccination. Unconsciousness continued. On Sept. 13 lumbar puncture made. Fluid from spinal cord not under pressure; perfectly transparent, subject to microscopic and culture tests; proved absolutely sterile. Case diagnosed as infantile paralysis of the cerebral type. Temperature very high, ranging from 104 to 106 rectal. About Sept. 14 throat became paralyzed. For five days could not swallow a drop. Food administered through rectum; medicine hypodermically. Paralysis of right leg and arm appeared about Sept. 17. Lungs filled with thick mucous. Respiration labored. Slight cyanosis. Small amount of oxygen administered continually after Sept. 16. Death occurred at 10:10 p. m. on Sept. 21st from paralysis of respiratory muscles. Temperature about 107 at death. Microscopic examination of spinal cord after death confirmed diagnosis as infantile paralysis.

CASE No. 26.

ANDREW FEDICK, son of Jacob Fedick, Ellicottville, Cattaraugus County, N. Y.

Age 13.

Vaccinated.

Commenced to complain Sept. 15.

Died Sept. 19.

Diagnosed ———.

This boy had apparently recovered from the vaccination and went on Monday, Sept. 14, to Ellicottville to obtain his vaccination certificate. Tuesday, the 15th, he did not feel well. Wednesday, the 16th, he was taken suddenly ill "and from that time on never spoke a word." Grew steadily worse until Saturday, Sept. 19, when death supervened, about 5 p. m. Compare with case No. 25.



Ruth A. Minnick

CASE No. 27

RUTH A. MINNICK,
daughter of S. V. Minnick, R. D. No. 2, Carthage, N. Y.

Age 10½.

Vaccinated Sept. 22.

Commenced to complain
Oct. 2,—10 days from
vaccination.

Died Oct. 10.

Diagnosis, "Infantile Paralysis."

This little girl's health was perfect. She and her older brother, age 13, were vaccinated on the same day. Both became ill, the little girl critically so. She had no convulsions; was unconscious four days; her throat was paralyzed. Death occurred as stated. The boy was "very sick" with symptoms "much like the girl," but recovered.

CASE No. 28

HOBART MINNICK, son of S. V. Minnick, R. D. No. 2,
Carthage.

Vaccinated Sept. 22.

Commenced to complain Oct. 2 (10 days).

Recovered.

This boy, age 13, brother of Ruth Minnick, was vaccinated from same capsule as sister who died; was very sick with symptoms "about like the girl," but recovered with no serious consequences. It appears almost certain that this was what may be called an "abortive" or "arrested" case of infantile paralysis. The fact that he was vaccinated simultaneously with his sister, who died of a transparent case of infantile paralysis, is strong presumptive evidence of a common origin of the two cases in the vaccine. Cumulative evidence of this common origin in the virus, and of the possibility of transmitting infantile paralysis by means of the vaccine abrasion, is found in a *third case in the same house*, as follows:

CASE No. 29

CHARLES S. MINNICK, son of S. V. Minnick, Carthage,
N. Y.

Age 6.

Vaccinated Oct. 6.

Commenced to complain Oct. 16,—10 days from vaccination.

Recovered.

Diagnosis, "Vaccination."

The first unfavorable symptom was kidney trouble. He was *unconscious and helpless for two weeks*. Breathing labored. Is recovering slightly crippled. This also seems to be a transparent case of infantile paralysis. These three cases in the same house, with identical symptoms, following vaccination in exactly the same period of time, furnish the most damaging evidence against vaccine that has been brought to light in the present investigation.

CASE No. 30

———, daughter of Mrs. A. T. Smith, Tully, N. Y.

Age 8.

Vaccinated Aug. 15 by same physician as Case No. 19.

Commenced to complain Aug. 23,—8 days from vaccination.

Recovered.

Diagnosed as "Saint Vitus Dance."

This child was not unconscious, nor were there any symptoms of lock-jaw. She was stricken with fainting spells. Convulsive

motions of left arm and later of the face appeared. Became so bad she could not walk or talk, and "could not use her arm at all." Was very bad for three weeks. Has now recovered with no residual paralysis. Compare above case with No. 31.

CASE No. 31

———, daughter of J. R. French, Cortland, N. Y.
Vaccinated about Sept. 1 (year not stated).
Commenced to complain in a few days.
Taken seriously ill in November.
Recovered.

This child became very much run down and finally became completely prostrated. The disease was called Saint Vitus' dance. For two weeks she was absolutely helpless and could not speak or swallow. Nourishment was by enema. She finally recovered. Compare this case with No. 30.

CASE No. 32

DOROTHY I. GILBERT, daughter of Richard Gilbert,
Athens, N. Y.
Vaccinated in 1899 at age of 4.
Taken sick in about a week.
Recovered, with residual paralysis.
Diagnosis, ———.

This young woman is now perfectly healthy and well developed with the exception of the lower limbs, which are entirely paralyzed. She was stricken a few days after vaccination and was soon entirely paralyzed. She remained in that condition two weeks. Was altogether helpless two years. Ultimately recovered the use of her arms. She never lost the sense of feeling, but was and is extremely sensitive to the touch. Compare with case 33.

CASE No. 33

———, daughter of E. Van Schaak, Athens, N. Y.
Vaccinated in 1899 at age of 7.
Taken sick "in about a week."
Recovered, with residual paralysis.
Diagnosis, "Gastric Fever."

This young woman is now 22 years of age and in perfect health with the exception of one arm and hand, which are hopelessly paralyzed. She was vaccinated when seven years of age. In about a week she was stricken with a high fever, which was called "gastric fever" by the attending physician. She was unconscious most of the time. In a few days had no use of one arm and one leg. Has recovered with the exception of the paralysis of one arm and hand. Compare with case 32.

CASE No. 34



Charlotte McArthur

CHARLOTTE MCARTHUR, daughter of Charles McArthur, Millerton, N. Y.

Age 11.

Vaccinated Sept. 7.

Taken sick "in a few days."

Recovered.

This little girl was vaccinated at the same time as her brother, Case No. 36. She was broken out with eruptions all over her body. The description of her case is the same as that of her brother, except that in addition it was necessary to use extreme measures, including excision of the vaccination wound, to save amputation.

CASE No. 35

———, daughter of F. R. Gilman, Rhinebeck, N. Y.

Age 14.

Date of vaccination not reported.

Recovered.

This girl's arm swelled very badly and sores broke out on both arms and different parts of the body. The worst was on her head. The eruption seemed to be the same as the vaccine vesicle. At the time of the report, Dec. 6, there was only slight improvement, and the best hope held out by the physician was a slow recovery.

CASE No. 36



Charles McArthur

CHARLES MCARTHUR, JR., son of Charles McArthur,
Millerton, N. Y.

Age 9.

Vaccinated Sept. 7.

Taken sick "in a few days."

Recovered.

Diagnosis, ———.

This boy and his sister were vaccinated on the same day. They "have not seen a well day since." They were very healthy before vaccination. Both had swollen blotches all over their bodies. Arms would not heal and had not healed entirely at time of making the report. Both had a serious disturbance of the digestive functions.

CASE No. 37

ISABELLE HILL, North Fair Haven, N. Y.

The parents in this case ignore letters of inquiry so that no exact details can be secured. According to the newspaper report, she was seriously ill with "boils all over her body."

CASE No. 38

——— MILLER, Napanoch, N. Y.

Nothing except newspaper report available about the case of this boy. The newspaper item says that "the arm is eaten to the bone, and he is broken out with sores all over."

CASE No. 39

MILDRED CATES, daughter of Addison Cates, Fernwood, Oswego County, N. Y.

Vaccinated Sept. 23, vaccine "H".

Commenced to complain Oct. 11 (18 days).

Died Oct. 14.

The parents are very reticent as to the details of this girl's sickness "for fear the doctor would not like it." About the only facts obtainable are that the "arm never scabbed over, was very bad all the time," and that there was hemorrhage of the stomach for two days before death. Autopsy showed red spot two inches in diameter in stomach.

CASE No. 40

GEORGE OTTO STAUB, son of Jacob Staub, Livonia, N. Y.

Age 14½.

Vaccinated Aug. 27.

Taken sick Sept. 4,—8 days from vaccination.

Recovered.

Diagnosis, "Typhoid Fever."

This boy's vaccination did not "take" well. First complained of pain in stomach. Became very ill. Had four physicians, and finally removed him to a hospital. He returned convalescent, but "a mere skeleton." Is ordered to sleep out of doors in tent all winter.

CASE No. 41

LOUISE E. RILEY, daughter of Mrs. Frank Riley, Milford, N. Y.

Age 11.

Vaccinated Aug. 8.

Taken sick Sept. 3,—26 days from vaccination.

Recovered.

Diagnosis, "Gastric Fever."

This girl was taken sick on Thursday morning, Sept. 3, with a high fever. The temperature reached 104 at times. Diarrhoea

was a prominent symptom at the outset. She had no headache, but nauseated all the time. Was delirious one day. No paralysis of the throat or "lock-jaw." Breathing not labored.

CASE No. 42

LUCY ROLLAND, daughter of Charles Rolland, 38 Thompson Ave., Gloversville, N. Y.

Age 12.

Vaccinated Aug. 27.

Commenced to complain in 3 or 4 weeks.

Recovered.

This child became ill with a high fever. The symptoms reported by the parents indicate this to be one of the cases where the trouble was in the gastro-intestinal tract. It was diagnosed as "scarlet fever," and the house quarantined. It is, however, significant that there are five other children in the family, none of whom contracted the disease. None of them were vaccinated.

CASE No. 43

LINA WOLKOW, child of Jos. Wolkow, 10 Fox St., Gloversville, N. Y.

Age 6.

Vaccinated Aug. 15.

Diagnosed as "Scarlet Fever."

Recovered.

This case was first called "blood poison." Later the diagnosis was changed to scarlet fever, and a four-weeks' quarantine imposed. The physicians who saw this case do not agree. At least one of them pronounced it to be solely the result of vaccination. The child commenced to complain very soon after vaccination. There was quite a period of unconsciousness. The vaccinated arm was paralyzed for some time. The mother and other children slept in same bed and none of them contracted scarlet fever.

CASE No. 44

Name and address withheld by request of patient.

Age 20.

Vaccinated second week of February, 1914.

Became ill in a few days.

Recovered.

This is another of the cases in which the trouble was in the gastro-intestinal tract. The first symptom was loss of appetite. Stomach would retain nothing. Became very weak and emaciated. Symptoms of heart weakness developed later. The patient's condition remained precarious for months. He is now recovering, but is still far from well.

CASE No. 45

ROBERT M. CRAM, only son of Mrs. Lucy M. Cram, Keene,
Essex County, N. Y.

Age 14½.

Vaccinated Sept. 21 with vaccine "G".

Died Nov. 8.

This boy is reported to have been perfectly healthy. Was taken about two weeks after vaccination with chills and nausea. Then with diarrhoea. Temperature at this time 102. Chills or convulsions continuing more severe. Began to turn yellow. The case was then diagnosed as blood poisoning. Throat very bad. Could swallow nothing but milk or water. Became delirious. Breathing very labored and unable to speak. Was unconscious only a few hours before death.

CASE No. 46

WALTER ADELBERT ZITTLE, son of Fred Zittle, Stryker-ville, N. Y.

Age 8½ years.

Vaccinated Aug. 25.

Commenced to complain Sept. 28.

Died Sept. 29.

A short, sharp case of tetanus.



CASE No. 47

EVELYN BEATRICE
HALL, daughter of Fred-
erick Hall, Milnor Ave.,
Lackawanna, N. Y.

Age 5½.

Vaccinated March 5, 1914,
vaccine "H".

Commenced to complain
March 12,—7 days from
vaccination.

Died March 30.

Evelyn Beatrice Hall

This child had a history of severe scarlet fever in December, 1912. She had apparently made a perfect recovery, and was

unusually lively, vivacious, and bright. She first complained of a sore foot. The case was diagnosed as "acute rheumatism affecting the heart." There was apparent valvular heart trouble; temperature was very high—105. No symptoms of tetanus or infantile paralysis. Death occurred at a Buffalo hospital. The father does not believe that death was due to vaccination.

CASE No. 48

—— CRAMER, son of Fred Cramer, Gloversville, N. Y.
Age not stated.

Vaccinated July 28, vaccine "E".

This boy is a brother of Olive Cramer, who died Aug. 27, as reported in case No. 1. He was vaccinated *with the same capsule* as his sister. He was seriously ill. An abscess of the thumb developed which necessitated a surgical operation to check.

CASE No. 49

KATHLEEN PALMER, daughter of James Palmer, Camillus, N. Y., R. F. D.

Vaccinated Sept. 28, vaccine "E" or "H".

Commenced to complain Oct. 8—10 days.

Died Oct. 17.

Diagnosis, "Meningitis."

This little girl's home, although under a country address, was just outside the city limits of Syracuse. She complained of a headache Oct. 8, ten days from vaccination. On Oct. 10 she became unconscious and lingered in that condition for a week, dying on Oct. 17. Temperature 108 axilla. This case is almost exactly the same in all the symptoms as cases 19, 24 and 25, and with them forms a quartet of cases within a circle 20 miles in diameter. The incubation period in the four cases is, respectively, 10, 11, 12 and 10 days.

CASE No. 50



Walter James Welch

WALTER JAMES WELCH, son of Joseph F. Welch, 260
Cortland Ave., Syracuse, N. Y.

Age 5.

Vaccinated Sept. 9 with vaccine "H".

Recovering.

Diagnosed "Mysterious Case," afterwards "Vaccination".

This little fellow had always been in excellent health. The mother says he was never the same after vaccination; had no appetite, pale, irritable, did not sleep well. Vaccination wound healed over very quickly with scarcely any discharge. Was taken very sick Nov. 9, complaining of pain in leg and knee. Suffered untold agonies for nine days. Was then taken to the hospital and operated upon; an abscess was found back of the knee. The doctors said it was a mysterious case, "looked like bone trouble". Child did not seem to get along as well as expected. Cultures were taken which showed an infection, "caused by vaccination or otherwise". An X-ray picture showed some bone trouble. The child was then taken to Rochester, Minn., where a second operation was performed by the famous surgeons Drs. Mayo, who state after operating that vaccine was found in the leg,—thus proving beyond a doubt that vaccination was the cause of the trouble. The child is still under the care of Drs. Mayo, who say that he will recover, but it will take a long time.

NOTE—Cases Nos. 50 and 51 have been received since the compiling of the pamphlet, and have not been reviewed.

CASE No. 51



John Herbert Bacon

JOHN HERBERT BACON, son of Homer B. Bacon, Massena, N. Y.

Age 7.

Vaccinated Aug. 27 with vaccine "H".

Commenced to complain Sept. 18,—21 days after vaccination.

Died Sept. 22.

Diagnosed "Tetanus."

The father describes this boy as "never sick," perfectly healthy prior to vaccination. He was first taken with convulsions Sept. 18. Local doctors were called and diagnosed the case as spinal meningitis, and advised that he be taken to the hospital. He was taken to the City Hospital at Ogdensburg, where the case was at once diagnosed as tetanus. Anti-toxin administered. Was not able to swallow. Treatment given through rectum. Appeared some better on the 21st, and treatment was ordered to be given through the mouth. Convulsions again began so severe that at the last he was nearly drawn out of shape, and almost perfectly rigid. Was not unconscious at any time. Death occurred at 8 a. m. Sept. 22nd.

The Cases Reviewed

We believe that no unprejudiced person can read the foregoing list of cases and escape the conclusion that vaccination is in some way, possibly not well understood, responsible for most of the fatalities and illnesses there recorded. It matters but little to the dead children or their stricken parents whether the germs of disease were introduced with the vaccine virus, or subsequently through the open vaccine wound. The awful fact remains that had none of them been vaccinated all would probably have remained alive and in good health.

It will be noted that a large proportion of the cases seem to fall into one or the other of two distinct groups. In one of these, embracing cases number 1 to 16, the incubation period is generally 20 to 24 days. The illness is short and extremely severe, death resulting in three or four days, with symptoms positively identifying the disease as tetanus, or as it is commonly called, "lockjaw."

In the other group, embracing cases number 17, 18, 19, 20, 22, 23, 24, 25, 26, 27, 28, 29 and 49, the period of incubation is much shorter, generally about 10 to 12 days. The illness is of longer duration and the symptoms are more obscure. There is usually a period of unconsciousness lasting from a week to ten days or even more. More or less paralysis is present, the temperature is very high, and the lungs fill with mucous, death resulting from respiratory insufficiency due to a gradual paralysis of the muscles of breathing. Uniformly the great nervous centers of the body have been attacked. As will be noticed, the diagnosis in these cases has varied widely. Cerebro-spinal meningitis is mentioned three times; typhoid meningitis once; anæmia once; tonsillitis once; peritonitis once; "vaccination" once; Saint Vitus dance once; infantile paralysis three times.

The only one of these cases where the diagnosis was confirmed by an autopsy is No. 25. This case presents a faithful clinical picture of all the other cases in the group, and should be carefully studied. Meningitis from some one of several causes may occur at any time, but cerebro-spinal meningitis due to a specific organism occurs only in late winter or early spring. In view of this and in view of the fact that infantile paralysis is a relatively rare disease, not often seen by the rural practitioner, and in further view of

the undisputed fact that the most expert physician in the world cannot be sure of a diagnosis of infantile paralysis until the case has progressed far toward its termination, we believe we may be pardoned for assuming that an error was made in the diagnosis of several of these cases, and that in each of them is seen one of the several well recognized classical forms of this disease.

Cases 30 and 31 are very similar. The latter is a case of several years standing. The fact that both were troubles of the nervous centers, and that a certain degree of helplessness or paralysis accompanied the progress of the disease serves to awaken suspicion that they, too, were mild or so-called "abortive" cases of infantile paralysis.

That infantile paralysis is not a new sequence of vaccination is shown by cases 32 and 33, which are perfectly transparent cases of that disease occurring fifteen years ago.

Cases 34, 35, 36, 37, and 38 are selected from dozens of similar ones reported and are introduced to illustrate a third group in which the distinguishing feature is an eruption more or less extensive, occurring in portions of the body remote from the vaccination wound. These, while annoying and sometimes serious, do not seem to have often had a fatal termination. There is room for much speculation as to the exact role which vaccination plays in this group. It may be due to the direct introduction of pus-producing organisms, to subsequent infection, or more probably to the well-recognized tendency of vaccine to provoke to activity certain latent germs in the body that would otherwise have given the patient no trouble.

Cases 39 and 44, as well as several others from other States not reported in this publication, are indicative of another group in which the trouble is in the gastro-intestinal tract.

Cases 42 and 43 were called "scarlet fever" and the weight of evidence seems to be that the diagnosis was correct. It is significant, however, that many of the symptoms resemble those of the infantile paralysis group, and that in each instance the other children occupying the same rooms and bed did not contract the disease.

In cases 21, 40 and 41, the part played by vaccination is problematical. The parents are firm in the belief that the children would not have been ill if they had not been vaccinated; the physicians incline to an opposite view. It is fair to say that the connection is far from being as clear as in the other cases.

There is abundant reason for suspecting that case No. 47 is one of endo-carditis, or inflammation of the interior lining of the heart, notwithstanding the diagnosis of "rheumatism affecting the heart." It is inconceivable that this little girl could have been troubled with rheumatism to the extent of

bringing her within a few days of death without attracting attention. Septic endo-carditis is a vaccination complication previously noted by many writers on this subject. The information about case No. 45 is very meagre, but it, too, bears some indications of endo-carditis.

Owing to the unwillingness of the parents of case No. 46 to give information, no conclusions can be drawn until information about it can be obtained from another source.

Case No. 47 is trivial in itself, but is introduced because of its bearing upon the theory that certain vaccines are direct carriers of pathogenic germs other than vaccinia. Its significance lies in the fact that this boy was vaccinated from the same tube as his sister who died.

Is Infection Direct or Subsequent?

As stated elsewhere, it is of secondary importance whether vaccine is a direct vehicle for carrying disease germs, whether it furnishes only a "port of entry" for subsequent infection or is simply an exciter of dormant germs within the body. The result is the same, and the arguments for or against the practice stand or fall independently of either of these hypotheses.

Probably all three are true on occasions. It must be conceded that the manufacturers of virus now use every possible precaution to prevent contamination. It is for their business interest to do so; it is unthinkable that the manufacturers, who are human and have children of their own, would neglect any precaution from a motive so sordid as the saving of a few dollars. On the other hand it is perfectly true and proven by disinterested government reports that the product of at least two manufacturers was infected with the germs of the "foot and mouth disease" several years ago, in one case for a period of six years before the fact was discovered. Many investigators, among whom may be mentioned Dr. Flexner, the greatest living authority on infantile paralysis, have demonstrated that glycerination, on which the manufacturers depend for "starving out" undesirable organisms, has no neutralizing effect upon any member of a related group of filterable and ultra-microscopic germs to which belong smallpox, syphilis, infantile paralysis, hydrophobia and others of the most terrible diseases known. After a personal examination of the largest vaccine factory in the world and after the reading of many volumes on both sides of the question the writer desires to go on record as saying that it is his profound conviction that no microscopic examination nor culture test nor inoculation nor other manipulation to which vaccine virus is submitted, can be depended upon to absolutely exclude the germs of infantile paralysis, nor, probably, any of the others mentioned except

tetanus, the germ of which is infiltrable, large enough to be seen with the microscope, and easily demonstrated by inoculation. It is only fair to say that in the judgment of the writer the danger of tetanus germs being contained in the virus of the best manufacturers is now remote. Nevertheless the presence of tetanus germs was detected in the virus of one of the largest manufacturers in 1901 as a result of a searching investigation of 95 tetanus cases in the city of Camden, N. J. See the report of Joseph T. McFarland, Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia.

Pro-vaccinationists claim that the small number of cases of illness as compared with the large number of vaccinations must be received as evidence that the virus cannot of itself contain the germs. This argument is entitled to much weight, at least so far as tetanus is concerned. It fails before a close analysis of the situation so far as poliomyelitis, or infantile paralysis, is concerned. Flexner believes that only a small proportion of children are susceptible to infantile paralysis. He is quoted as saying that the epidemic in Vermont in the autumn of the present year was dying out for want of susceptible children, yet only 286 cases were reported to November first. Flexner is also skeptical as to the possibility of communicating infantile paralysis through an ordinary abrasion. Rosenau and others seem to have experimentally demonstrated the possibility of communicating it to monkeys through abrasions. Elsner asserts that he has observed such cases in his practice. It is admittedly difficult, at least, to transmit it by abrasion unless strict anærobic conditions are present.

For the sake of argument let us assume that only one child in 500 is susceptible to the disease, and that of those susceptibles only one in 500 is inoculated under the delicately balanced condition necessary for the self-propagation of the germ. The result is only one probably active case of the disease in 500 times 500, or 250,000 possibly contaminated vaccinations. There were about 250,000 vaccinations in the State of New York in 1914, and instead of *one* case of poliomyelitis in 1914, our record shows *thirteen*, eleven of which were fatal. This may be taken to indicate that our line of reasoning is well within the limits of observed cases. Incidentally it shows the abnormally high percentage of fatal cases in poliomyelitis developing simultaneously with vaccination.

The theory of the possibility of conveying infantile paralysis through vaccine abrasions as well as the probability of the vaccine having contained the germs receives startling confirmation in three cases in the home of S. V. Minnick of Carthage, reported under numbers 27, 28, and 29. Ruth, 101½, and Hobart, 13, were vaccinated the same day *from*

the same tube of virus. Both became very sick in just ten days from vaccination. The boy, being older, recovered, after a severe illness, with symptoms much like the girl. Ruth died after a plain case of infantile paralysis, which was so reported by her attending physician. Four days before the little girl's death, in compliance with the demand of the school authorities, the little brother, Charles, age 6, was vaccinated. In precisely 10 days he, also, became very sick, with symptoms practically identical with the other two children. He was *unconscious and helpless* for two weeks, but recovered with a slight residual paralysis. He was attended by another physician and the only diagnosis reported is "vaccination."

Simultaneous cases of infantile paralysis in the same family have hitherto been so rare as to excite comment. Many physicians with large practice have never had an instance in their entire practice. Here are *three* in one house.

The theory of "subsequent infection" needs extensive "bracing" in this instance; and then there is case 19 with onset in 12 days; case 22 with onset in 11 days; case 24, onset in 11 days; case 25, onset in 11 days; case 49 with onset in 10 days, unquestionably paralysis cases, with practically identical incubation periods, all contributing evidence of a common and simultaneous infection. What other possible common origin except the vaccine virus is it possible to place under suspicion? It is unthinkable that these children, widely scattered in different portions of the State, with no history of nearby paralysis cases, could have each accidentally acquired the germ in the vaccination wound exactly ten or eleven days from vaccination. Such a theory pre-supposes a universal distribution of the poliomyelitis germ entirely at variance with observation and experience.

The germ of tetanus, or lockjaw, on the other hand, is known to be of practically universal distribution. It will not develop except under anaerobic conditions, i. e., in an environment free from oxygen. Such conditions are presented in deep punctured wounds that are allowed to close at the surface, or in wounds where certain other organisms that thrive on oxygen and extract it from the surrounding tissue, are present. Note the deadly nature of toy pistol wounds, which, trivial in themselves, present a germ-infested abrasion that creates an oxygen-free environment allowing the tetanus organism to develop. The vaccination wound presents an exactly parallel condition, and unquestionably presents an inviting seed bed for tetanus, especially when the scab has been accidentally removed from a child's arm in play.

Notwithstanding the fact that the closely uniform period of incubation in the tetanus cases is suspicious of vaccine infection, it must be admitted that the weight of evidence is

toward secondary infection. This could be largely avoided, if not absolutely prevented, by prohibiting vaccination in the summer, when dust conditions are at their worst and insect life is rampant. Procrastination is a very human trait; the vaccination of school children is frequently put off until a few days before school opens. Half the children in some schools had sore arms when they entered; at the first football game scores of scabs are torn off and the door is open for entering infection of any kind. The remedy for this condition is winter vaccination only. Pro-vaccinationists will find approval for this course in the thought that smallpox is a winter disease, vaccine works much more surely in cold weather, and the amount of protection thus assured is measurably greater.

There remains to consider only the theory of vaccination being an exciting cause of various diseases. The cases observed in New York in 1914 do not furnish much material from which to draw conclusions, unless it is admitted that all the victims of infantile paralysis were "passive carriers" of the germ. That such passive carriers, not only in infantile paralysis, but of many other diseases are much more common than is generally admitted, has been proved by many observers. It is also admitted by the vaccine manufacturers and nearly all writers on vaccination that during the "working" of the vaccine the patient's resistance to any germ disease is much reduced.

There can be scarcely any doubt but that vaccination in many instances has and does provoke to activity the germs of certain blood disorders that find expression in skin and glandular affections. Anti-vaccination writers claim that vaccination is an indirect cause of tuberculosis and cancer. The writer has before him a statement from a reputable physician, hitherto unpublished, in which he asserts that out of 400 cancer cases which he has treated, there is a history of previous vaccination in every instance and that he has never treated an unvaccinated person for that disease. This is important, if true, and should be the subject of further investigation. At the present time the evidence available seems insufficient to warrant anything more than the generalized conclusion that vaccination does have a tendency to provoke certain diseases to increased activity.

Purity of Vaccine

By "purity" is meant freedom from pathogenic germs, other than vaccinia. In making his investigation the author of this little volume attempted to gather statistics that might be of value in determining whether or not any one make of virus had been concerned in unfortunate results more than another. The results were largely negative

owing to the great reluctance of physicians to divulge the name of the virus used. Out of 49 cases only 26 were obtainable. Of these vaccine "E" appears 7 times; vaccine "H" 14 times; vaccine "J" two times; vaccine "F" once; vaccine "G" twice. The vaccine which appears to be most highly regarded by many physicians appears but twice. The two which are concerned in 21 of the 26 cases are known to have formerly used the same "seed." Whether that is the case at this time none but the manufacturers themselves know. An element of doubt enters into these statistics on account of the fact that there is no way to ascertain the relative amount of each kind used. It is probable that the two kinds referred to are used more largely than all the others combined. Under the circumstances caution should be used in drawing conclusions.

Accurate statistics are necessary in order to promptly detect and forbid the use of contaminated virus. The only way that such statistics may be gathered now is by private enterprise. The present investigation shows this to be expensive both of time and money, and fragmentary in results.

Conclusion

It has been the intent of the writer to present facts rather than to participate in a controversy that is still unsettled after a century of argument; but as a result of the investigation of over fifty vaccination disasters and the almost constant study of vaccination literature for several months, it seems that the following conclusions are warranted and should be frankly stated:

(1) Vaccination has been the cause, directly or indirectly, of the death of at least fifty children in New York state in 1914. The record herewith printed gives only the cases occurring in rural or suburban districts. Neither the time nor means were at hand to make a canvass of the cities. While only 27 fatalities are here recorded, some of which are not clearly proven, it is believed that were the figures from the cities obtainable possible errors in the list would be more than offset and enough reported to swell the total to the number given.

(2) In addition to the deaths an appalling trail of illness has followed vaccination. It has been entirely beyond the scope of this publication to print even a partial record of these cases.

(3) The cost in illness and destruction of child life is entirely out of proportion to the amount of protection

against small-pox that is attained or needed. There were but three deaths from small-pox in the entire state, including Greater New York, in 1914. In one rural district twenty miles in diameter, where four children died from vaccination, there has not been a single case of small-pox within the memory of any person now living.

(4) Vaccination of children is wrong in principle, is not in harmony with the trend of the best medical practice and should be abandoned. It is being more clearly understood every day that many of the serious ills of later years are directly traceable to the so-called children's diseases. Whereas the tendency was once to encourage the having of such diseases so as to "have them over with," the tendency now is to keep the child just as free from them as can be, and postpone them to as late an age as possible. A normal vaccination is as serious as some of the diseases of childhood, without taking into further account its sinister possibilities.

(5) There is an overwhelming and rapidly growing sentiment against the compulsory features of the present vaccination law. In every community are to be found persons who on account of real or fancied bad results in their families are conscientiously opposed to vaccination. It is a matter that touches the tenderest sentiments of the parent, and arouses his bitterest antagonism. In scores of cases people have been arrested, coerced, and put to expense and inconvenience on account of their convictions.

(6) The Department of Education should be free from entangling alliances with the Department of Health. The numerous cases of litigation, the friction, the expenditure of time and attention demanded of the Educational Department in 1914 by its effort to enforce the provisions of the public health law must have interfered considerably with its efficiency.

(7) Section 310 of the Public Health law should be repealed because it is a failure, if for no other reason. No matter how rigidly it is enforced it can never attain the end sought. The large and growing Roman Catholic population is exempt through the parochial schools. The children of the wealthy who are privately taught are likewise exempt, so that a relatively large unvaccinated element in the population must always exist. The material for a small-pox epidemic will always be present, and final recourse for controlling the disease must remain in the future as in the past mainly dependent upon quarantine, sanitation, isolation and surveillance of contacts, rather than vaccination.



(8) A new section of the Public Health law should be enacted which should (a) provide for the repeal of compulsory vaccination as a pre-requisite for an education; (b) be applicable to all elements of the population regardless of creed or social station; (c) restrict the practice of vaccination to licensed physicians who can be held to some degree of accountability; (d) allow a certain amount of discretionary power to the commissioner of health in cases of small-pox epidemics; (e) divorce the Educational and Health departments; (f) provide for adequate guaranties on the part of vaccine manufacturers; (g) enforce a system of reports so that the state will no longer be compelled to depend upon private individuals for its knowledge of vaccination results, and finally (h) lay no additional burdens upon the poor.

